



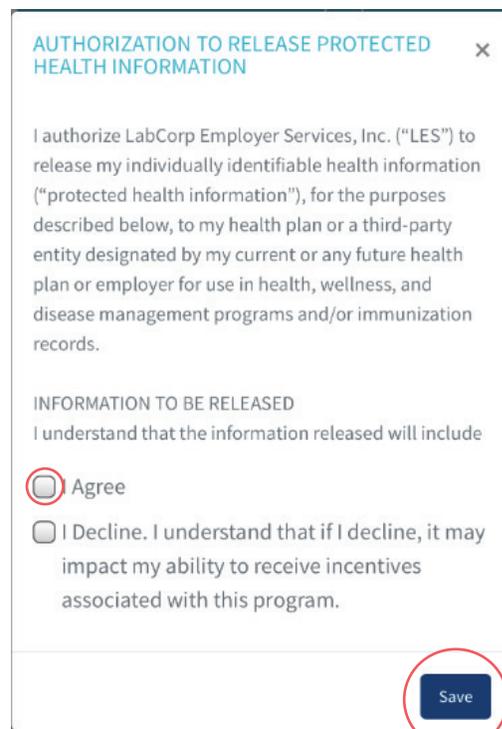
WellConnect Plus™ User Guide

How to Schedule a Screening and Flu Appointment

- 1 Once logged in, navigate to the “**Labcorp Voucher**” tile and select, “**Continue**”.



- 2 You will be prompted to consent to the parameters of your health screening. Please review this text before checking, “**I Agree**” and then selecting, “**Save**”.



The voucher will download and include instructions for use at a Labcorp location.



Labcorp Voucher Instructions

For Participant Use Only
 Thank you for participating in the **CLIENT NAME** testing program. By utilizing the attached voucher, you can receive testing at a Labcorp facility as described below.

This voucher must be used at a Labcorp facility by **END DATE**.

CUSTOM TEXT INSERT AREA FOR PROGRAM SPECIFIC INFORMATION

3 steps to complete your Labcorp test:

- 1 **Verify the information on the voucher form.** On the attached voucher (page 2), please verify that the auto-populated information on the voucher is accurate:
 - First and Last Name, sex, date of birth, address, city, state, zip code and phone number. Please fill in any of these fields that are blank.
 - Enter or verify your unique ID in the space labeled "Patient ID."
 - All other information can be left blank.
 - If any of the auto-populated information listed is incorrect, please contact Support@lescustomercare.zendesk.com.
- 2 **Visit a Labcorp facility.** Vouchers are redeemable only at select Labcorp facilities. Expect the test to take approximately 15-20 minutes.

To locate the nearest facility and schedule an appointment:

 - Visit www.labcorp.com/findalab.
 - Enter your address or zip and search. **Important:** Only some Labcorp facilities are also equipped to measure your height, weight, blood pressure and waist circumference. If test "101300 – Biometrics" is listed on the voucher form below, you must select "Employee wellness with body measurement" when searching.
 - On the next page, choose your preferred clinic and select "Make Appointment."
 - Enter your appointment details and on the billing page, select "I have already paid or someone else is responsible."
- 3 **View results.** Within 2-3 weeks of your test, your results will be posted to your wellness portal. Additionally, you can view all your historic Labcorp test results by visiting patient.labcorp.com. If you have not received your results within four weeks of your test, please contact Support@lescustomercare.zendesk.com.

Please bring a paper copy of your voucher with you to your scheduled appointment.

For Labcorp Use Only

- If you have any questions about processing the voucher, please call the Labcorp Wellness Division at 866-827-8046.
- Fasting is not required by this client. Do not turn anyone away for not fasting. Please mark Fasting or Non-Fasting.
- If you are unable to locate the account number in your LCM, please contact your Supervisor for assistance.
- Only screen for tests indicated on the Labcorp voucher. **DONT** ask the participant which tests they would like to receive.



To find the nearest patient service center, visit www.labcorp.com or call 888-LABCORP (888-522-2677)

Send additional copy of report to:

Fax Client Number/Physician's Name Phone/Fax Number

Cell Physician's Address City, State, Zip

Mail

c/o LabCorp Employer Services
 LABCORP WELLNESS VERIFIED 7221
 Lee Deforest Drive, Suite 600
 Columbia MD 21046
 844-251-6524

EREQ

ENTER ONLY THE ACCOUNT BELOW

CHECK ONE: ACCOUNT BILL: ACCOUNT NUMBER: REQ/CONTROL #:

Patient's Legal Name (Last, First, MI)	Sex	Date of Birth MO DAY YR	Collection Time AM <input type="checkbox"/> Yes <input type="checkbox"/> No	Fasting PM <input type="checkbox"/> Yes <input type="checkbox"/> No	Collection Date MO DAY YR	Urine hrs/vol hrs ____ vol ____
NPI	UPIN	Physician's ID #	Patient's SS #	Patient's ID #		
Physician's Name (Last, First)		Physician/Authorized Signature <i>X</i>		Hospital Patient Status: <input type="checkbox"/> In-Patient <input type="checkbox"/> Out-Patient <input type="checkbox"/> Non-Patient		

ORDERING PHYSICIAN

Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service

Highest Specificity Required

PRIMARY BILLING PARTY	SECONDARY BILLING PARTY
Insurance Carrier *	Insurance Carrier *
ID #	ID #
Group #	Group #
Insurance Address	Insurance Address
Name of Insured Person	Name of Insured Person
Relationship to Patient	Relationship to Patient
Employer Name	Employer Name
* If Medicaid State Physician's Provider # Workers Comp <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race	Ethnicity

PATIENT

Patient's Address Phone

City State ZIP

RESP PARTY

Name of Policy Holder (if different from patient)

Address of Policy Holder APT #

City State ZIP

I hereby authorize the release of medical information related to the service described herein and authorize payment directly to LabCorp. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer.

Patient's Signature Date

MEDICARE-ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

Refer to Determining Necessity of ABN Completion on reverse.

TRAVEL LOG ID

PST HRF DATE LOG#

Questions?
 Contact us at **844-251-6524**
 or email Support@LEScustomercare.zendesk.com.